

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO	FILING DATE
APPLICANT(S):	

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51			
2						52			
3						53			
4						54			
5						55			
6						56			
7						57			
8						58			
9						59			
10						60			
11						61			
12	1					62			
13						63			
14						64			
15						65			
16						66			
17						67			
18						68			
19						69			
20	1					70			
21						71			
22						72			
23						73			
24						74			
25	1					75			
26						76			
27						77			
28	1					78			
29	1					79			
30	1					80			
31	1					81			
32						82			
33	1					83			
34	1					84			
35	1					85			
36	1					86			
37	1					87			
38	1					88			
39	1					89			
40	1					90			